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Appian for Insurance

Connected Claims

Claim Operations & Settlement

Provide custom workflows for different user personas and streamline processes to speed time to close, reducing expenses and increasing customer satisfaction.

Fraud Case Management

Optimize fraud case management with a unified view and full control of all potential fraud alerts for SIU teams.

Claims Intake & First Notice of Loss Facilitate efficient and intelligent claims intake, improving customer experience and reducing operational costs.

Customer Service

Gain a centralized view of claims from all CRMs and legacy systems, delivering actionable information and enabling seamless communication for a best-in-class customer experience.



Subrogation & Litigation Management

Deliver visibility into potential subrogation and litigation, while enabling adjusters and external legal/recovery teams to collaborate across multiple channels.

Field Inspections

Conduct comprehensive field inspections with intelligent scheduling and a dedicated mobile app.

Process Mining

Understand the data behind claim performance to identify the ideal processes based on facts.

Better claims processing is a business imperative.

Across all claims processing, from property and casualty, to disability and life insurance, delivering an exceptional and personalized experience is the most crucial objective. Providing customized and superior claims management with a focus on digital first requires agility and accuracy. But claims operations teams are often challenged with juggling multiple systems that slow down the claims process and increase the potential for inaccurate decision making, fraud or litigation, or losing a customer by not meeting their service expectations.

Insurers need a solution that enables them to manage their claims processes and feel assured they are doing everything possible to mitigate claims leakage, increase productivity and efficiency, and provide superior customer service throughout the claims experience. Internal and external claims stakeholders constantly strive for the balance between accelerating process execution and managing risk, and need technology that enables them to make better, faster decisions throughout the entire claims lifecycle.

Optimize claims management with low-code automation.

Built on the Appian Low-Code Automation Platform and deployed on the Appian Cloud, Appian Connected Claims delivers a 360-degree view of each claim in an actionable dashboard of data from all claims systems, policy systems and 3rd party applications, improving operational efficiency, mitigating fraud risk, reducing cycle times, and increasing customer satisfaction.

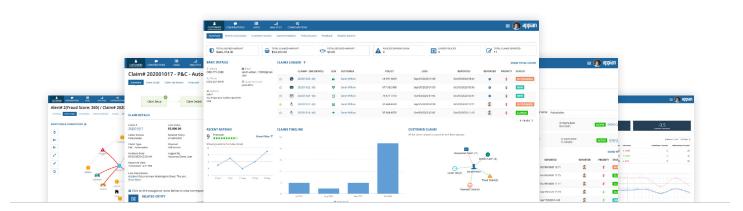
Improve transparency and efficiency in claims handling.

- Unify claims systems and data without migration. Gain full visibility into the claims lifecycle with a dashboard that connects existing claims systems.
- Optimize claims handling with intelligent automation. Leverage built-in intelligent document management and robotic process automation to drive efficiency.
- Dramatically reduce time and cost to implement. Leverage the speed and power of the industry-leading Low-Code Automation Platform to stay agile.

Appian delivers value across Insurance.

Claims Intake Management. One of the largest independent claims management companies has developed an application for global claims intake process management, delivering 80% acceleration of claim uptake and 70% acceleration of invoice processing.

Life Claims Management. Aviva sought to automate and optimize their claims processes for greater operational efficiency. Previously, Aviva received an average of 80,000 calls per year for its life insurance division. Since partnering with Appian, Aviva increased the number of same-day claims settlement from 1% to 25%, plus a 530% jump for claims settled within three days. Due to the time saved, claims handlers were able to better engage with their customers and be more empathetic during their calls.



Leaders in Insurance Trust Appian



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